

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE STATE BUILDING INSPECTOR  
1111 COUNTRY CLUB ROAD  
MIDDLETOWN, CT 06457  
TELEPHONE: (860) 685-8310  
FAX: (860) 685-8365

FILE # \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

**REQUEST APPROVAL FOR INCLINED STAIRWAY CHAIR LIFTS, VERTICAL OR INCLINED  
WHEELCHAIR LIFTS AND LIMITED USE, LIMITED ACCESS ELEVATORS (LULA) Per C.G.S. 29-200**

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY. ANY MISSING INFORMATION MAY RESULT IN DELAYS. RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS. **ALLOW 4 to 6 WEEKS FOR PROCESSING.**

1. Name and Location of Building: \_\_\_\_\_

No Street Town State Zip

2. Building Owner: \_\_\_\_\_

3. Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Note: If applicant is different than the owner, include owner's appointment in writing authorizing you as the agent.

Name of Applicant's Firm (If applicable) : \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

No Street Town State Zip

Name of Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

(For additional information if required)

4. Date of Approval of Building Permit: \_\_\_\_\_

5. Check Applicable Designation(s): ☐ New Building ☐ Existing ☐ Addition ☐ Alteration ☐ Other (Explain)

☐ Work being done due to Fire Code Up-Grade ☐ Work being done due to Accessibility Code Up-Grade

6. Use Group: \_\_\_\_\_

A. Was there a change of use: ☐ Yes ☐ No

B. If yes, from: \_\_\_\_\_ to: \_\_\_\_\_

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7. Type of Construction: \_\_\_\_\_
8. Square Foot Area of Building (Total): \_\_\_\_\_
- A. Square Foot Area of Each Floor (if applicable): \_\_\_\_\_
- B. Square Foot Area of Addition (if applicable): \_\_\_\_\_
9. A. Number of Stories in Building: \_\_\_\_\_
- B. Stories Served by Lift or LULA: \_\_\_\_\_
10. Total Rise of Lift or LULA Travel for This Request: \_\_\_\_\_
11. Cost of Building Alterations: \_\_\_\_\_  
(The cost entered above should not include alterations to windows, hardware, operating controls, electrical outlets, mechanical systems, electrical systems, installations or alteration of fire protection systems, abatement of hazardous materials, and alterations undertaken for the primary purpose of increasing the accessibility of an existing building.)
12. Indicate the type of lift to be installed:    ☐ Inclined Stairway Chairlift        ☐ Vertical Wheelchair Lift
- ☐ Inclined Wheelchair Lift        ☐ Limited Use, Limited Access Elevator (LULA)
- ☐ Other, explain: \_\_\_\_\_
13. Description and Specifications of Proposed Lift or LULA to be Installed: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. Applicant must furnish two (2) copies of the plans or drawings illustrating the location of the lift relative to the rest of the structure. You must clearly identify on the print where the lift or LULA is being installed, indicate the door swing and show dimensions with regards to maneuvering clearances at the lift doors.

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## AFFIDAVIT

I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date